

Agri-Mentor Request Form

Teacher _____

School _____

Address _____

Directions to school _____

Number of Students _____

Any special needs or accommodations that need addressed

Subject Area in which presentation is included _____

What background/preparation have the students had about this topic?

Topic
requested _____

***Date requested – Please list three alternatives**

***Please specify dates at least three weeks in advance of the presentation**

Time requested _____

Class Period length _____

Please list any additional information regarding objectives of this presentation, or any other information that would assist the Agri-Mentor

Return this form to Judith P. Leith by mail- DE. Department of Agriculture
2320 S. DuPont Highway Dover, De 19901-5515
Fax- 302- 697-6287
State Mail- Code is D 260
Telephone 1-800-282-8685 (Delaware Only) or 302- 698-4518